SASKATCHEWAN
IMPAIRED DRIVER
TREATMENT CENTRE

Post Office Box 1600

Prince Albert, Saskatchewan

S6V 5T2

ANNUAL REPORT
of the
BOARD OF GOVERNORS
FOR THE YEAR ENDING
MARCH 31, 2011

SASKATCHEWAN IMPAIRED DRIVER TREATMENT CENTRE
BOX 1600,
PRINCE ALBERT, SASKATCHEWAN
S6V 5T2

PHONE (306) 922-8333 or FAX (306) 922-8815

To The Honourable Don McMorris
Minister of Health

Dear Mr. D. McMorris:

It is my honour to present, on behalf of the Saskatchewan Impaired Driver Treatment Centre Board of Governors, the Annual Report and audited financial statements for the fiscal year ended March 31, 2011.

Respectfully Submitted,

Frank Regel,
Chairperson

Minister of Health

SASKATCHEWAN

Legislative Building
Regina, Saskatchewan S4S 0B3

July 2011

To The Honourable Gordon Barnhart
Lieutenant Governor of Saskatchewan

May It Please Your Honour:

It is my pleasure to present herewith the Annual Report of the Board of Governors, Saskatchewan Impaired Driver Treatment Centre, for the year ended March 31, 2011.

Respectfully Submitted,

Don McMorris,
Minister of Health

BOARD OF GOVERNORS

Frank J. Regel, Chairperson
John (Chuck) McCann, Vice Chairperson

Sharon Erickson	Julie Pitzel
Paul Blain	Linda Greyeyes

Chairperson's Statement

This last fiscal year saw the consolidation of the new program. The program was modified in the previous fiscal year to accommodate changes to the Criminal Code of Canada and went from a mandatory period of 14 days to 21 days. Our program now has greater time to work with each individual client in order to assess their own motivation regarding healthy lifestyles and their own relationship with drug and alcohol use and abuse. Our program runs at capacity all year long with a short break during the Christmas season each year and as a result we have an occupancy rate of 98 per cent.

We have implemented a clinical supervisory position over the past year and with the shaping and consultation of our Director, the position has proven to be useful both for scheduling and the supervision of counselling staff. Performance appraisals were completed and growth goals for the upcoming year were established. We were also able to successfully recruit to a vacant position of out of scope Manger of Administration who is subject to an annual performance appraisal as well as a probationary rating after the first 6 months. The board has struck a committee to do annual performance appraisals on the Directors position based on Key Result Areas, a Work Plan and measurable objectives. The first one for a considerable period of time is scheduled for completion by the end of the upcoming fiscal year.

We continue to operate our program with an emphasis on evidence-based practice. We have been able to provide Corrections, Public Safety and Policing and the Ministry of Health with statistical information gleaned from various sources and our clients; that demonstrate enhanced rates of positive decision making after discharge. We have now been able to collect one full year of data for the new treatment period of stay and will have some observations to make about the revised program contained within our reports. We are currently in consultation with Dr. Colleen Dell, the research chair at the University of Saskatchewan, regarding indicators that might be used to measure success in our program.

We welcome one recent appointment to the board of governors. We are pleased to have Linda Greyeyes, who brings a community perspective to our board and is currently employed by the Saskatchewan Rivers School Division. As chairperson, I very much appreciate the quality of the persons being appointed to this board and their on-going dedication to make this program the best it can possibly be.

We proudly submit our year-end statements for your review.

Frank J Regel
Chairperson

HISTORY

Introduction

In January of 1980, the St. Louis Alcoholism Rehabilitation Centre began Impaired Driver Treatment programming in the Notre Dame College building in the town of St. Louis, approximately 33 km. south of the city of Prince Albert, Saskatchewan. The Centre was mandated by the Provincial Government to provide an intensive treatment alternative to the practice of simply incarcerating individuals who have had multiple convictions of impaired driving.

The St. Louis program, now moved to Prince Albert, operated for most of its life with a program foundation centered on a combination of education about the problem of drunk driving and substance abuse therapy based on the Disease Concept of Treatment (DCT). In 2004, a revised program was introduced that was intended to reflect principles of correctional and substance abuse intervention derived from the most scientifically reputable program evaluation research.
In 2009 the program was expanded from two weeks to three weeks as required by the Criminal Code amendments (Bill C-2) increasing sentencing to a 30 day minimum sentence for impaired driving.

Origin and Initial Goals of the Centre

Development of the program at St. Louis followed upon a 1975 report of the Special Committee on Highway Traffic Safety submitted to Saskatchewan's Legislative Assembly. The inpatient treatment centre was identified as one element in a larger strategy aimed at preventing driving while impaired. That strategy was the product of a joint planning process undertaken by the (then) Saskatchewan Alcoholism and Drug Abuse Commission (SADAC) and the Corrections Branch of the Ministry of Social Services (*Note*: The management of corrections in the province was subsequently transferred to the Department of Justice, and is currently under the Ministry of Corrections, Public Safety and Policing).

The Centre's Board was established by Order in Council 165/79 on February 1, 1979, and continues to operate under the authority of Saskatchewan's *Public Health Act*, and, pursuant to Section 20 of the Corrections Act. The Centre was (and is) designated as a Correctional Facility by Order in Council.

At the outset, the specific provincial government goals for the program included:
1. The development of a viable sentencing option and client referral process;
2. Development of an appropriate treatment program to enable clients to better understand and cope with their alcohol/drug disabilities;
3. Development of an appropriate follow-up or "after care" system to optimize the use of community resources (e.g., support groups, such as Alcoholics Anonymous) to reinforce the motivation and coping skills the client needs to sustain a sober lifestyle (formerly referred to as "continued recovery)"
4. Reduction of repeat convictions for impaired driving and related offences.

BACKGROUND

The Impaired Driver Treatment Centre was initiated at a time when widespread recognition was at long last being given to the fact that vehicular accidents had become one of the most frequent causes of serious physical injury and premature human death, both in Canada and North America as a whole. Driving while impaired had proven to be a consistent correlative of and contributing factor to a majority of highway, off-road and leisure-time recreational vehicle accidents.

Emerging from this growing awareness of those grim correlations was the belief that the rate of alcohol and other drug-related accidents could be reduced through sentencing alternatives that emphasized education and therapy. The intent was to introduce approaches that would change patterns of substance abuse behavior rather than simply applying punitive sanctions to convicted, impaired drivers.

Placed in historical perspective in North America, the St. Louis initiative in Saskatchewan was one of many similar programs of this type established across North America in the early 1980s.

Relocation: The Move from St. Louis to Prince Albert

The original St. Louis facility had been rented since the early 1980s from a Roman Catholic Diocese, and it had many advantages as a structure that could house a residential care facility. Unfortunately, by the early 2000s, several challenges arose with the facility that forced the program's Board to seek out an alternative site. Key problems related to both the prospect of imminent cost increases and the need for building renovations, as well as some disadvantages associated with the location itself.

The building at St. Louis was larger than what was required and its expansiveness created strains on the staff's capacity to adequately monitor client movement and thus ensure appropriate security. When estimated renovation costs and escalating utilities were factored into the building's rent over a long period, the costs would have been pressed beyond the reach of the operational funding available to the Centre.

In addition to building and financial challenges facing the IDTC at St. Louis, the IDTC Board recognized that the type of ancillary resources available in a city far exceed what was available in a small town. The variety and proximity of material and equipment suppliers, office equipment service contractors, guest speakers, and access to health care and supportive human services, could not be matched by the resources available in a small town like St. Louis.

The IDTC was therefore relocated to Prince Albert, opening its doors in October of 2005.
Those involved in selecting the new physical site were of the opinion that the structure and space division of the building now in use was especially well suited to the purpose of the program because its interior had previously been modified to house and accommodate the program needs of another custodial, correctional treatment clientele. The facility had previously served as a correctional camp for juvenile offenders.

The current building housing the Centre has 14 bedrooms with up to two offenders per room, four counsellor offices, two group meeting rooms, dining and recreation accommodations in one of the large meeting rooms, a small library area, administration offices, a reception area and a

small, fenced in outdoor area.

The relocated Centre has been formally renamed the *Saskatchewan Impaired Driver Treatment Centre*, dropping the "St. Louis" identification from the name.

Program Revision in 2004

In 2004, one year before its physical relocation and coincident with the hiring of a new Director for the program, the St. Louis counselling and psycho-educational intervention model was significantly revised. As noted above, the approach grew out of a conscious effort by the Board to shift the program away from its old moorings in the disease concept of treatment (DCT) towards an approach that would make a better fit with current, evidence-based, best practices.

Therapeutically, the current program is organized around a learning group with a standardized curriculum grounded in what has been described as the "transtheoretical model" and designed according to a learning process that walks clients through the "stages of change" described in a popular manual by Mary Marden Velasquez, Gaylyn Gaddy Maurer, Cathy Crouch and Carlo C. DiClemente Prochaska, and with a forward by William R. Miller, entitled *Group Treatment for Substance Abuse: A Stages of Change Therapy Manual* (2001).

Rather than emphasizing alcohol abuse as a chronic syndrome, self-assignment of the label "alcoholic," and insisting upon abstinence as the only treatment goal, the new "curriculum" used at the Centre emphasizes personal responsibility and healthy choices that lead to a more personally and socially satisfying and constructive lifestyle. Both abstinence and moderate drinking are included in those choices, although clients with severe substance abuse problems are strongly encouraged to consider abstinence and all clients who do choose to drink alcoholic beverages are encouraged to practice problem-free drinking.

The IDTC program is also intended to draw on evidence-based adult education theory, eschewing "teaching" as a primary intervention approach and, instead, placing its emphasis on facilitating the learning of skills required to make and self-reinforce healthy, problem free choices.
As with the manual from which its lesson plans are drawn, the program is also guided by the principles of cognitive-behavioral therapy, including specific techniques drawn from Rational-emotive Behavior Therapy (REBT), as elaborated by American psychologist Albert Ellis and his colleagues.

Program Review 2007

The Saskatchewan Impaired Driver Treatment Centre Program Review was commissioned in November 2006 as part of the Board of Governors 2005 Strategic Planning in the area of credibility and accountability. The review completed in 2007 intended to determine if the intention to revise the program according to evidence-based, "best practice" principles is being realized in its organization, governance, management, human resource profile and intervention design and clinical implementation.

The review assessed the quality of its organization, governance, management, human resources, and administrative operation, and was to confirm or disconfirm the fit of its clinical program with practices recommended by the most relevant program evaluation research literature.

The comprehensive report provided recommendations regarding ways to potentially strengthen the organization and program delivery at the centre. To date, several of the recommendations have been implemented with the framework being utilized as an ongoing, beneficial strategic planning tool.

The review involved attendance at group learning sessions, an examination of research literature describing appropriate best practices, descriptive documents provided by the Centre staff, interviews with key informants, and an interpretation of evaluative outcomes data.

To the Centre's credit, the review concluded that, since its revision in 2004, the Saskatchewan Impaired Driver Treatment Centre is a credible, even "leading edge" therapeutic, correctional treatment program that is guided by best practice principles, as recommended in several relevant research fields.

In conclusion, the Reviewer stated that "the IDTC and its current program deserve continued, enthusiastic endorsement in its present organizational and methodological form". The final word on the Review was that the Board overseeing the revised program, public officials who have advised the Board, the operational management that have ushered it in, and the staff who maintain the Centre or deliver its therapeutic program have much to collectively celebrate.

Program Enhancement 2009

In July 2008, Criminal Code amendments regarding impaired driving sentencing (Bill C-2) indicated an increase in sentencing to a 30 day minimum sentence. The program underwent an extensive program review and an expansion from two weeks to three weeks which was implemented January 5, 2009. Offenders are required to stay for 21 days rather than 14. This expansion provided an opportunity to implement further recommendations from the 2007 Program Review. Details of the expanded program are provided in the Program area of this report.

LEGISLATIVE AUTHORITY

Under authority of *The Public Health Act*, the Board of Governors of the Saskatchewan Impaired Driver Treatment Centre was established by Order-in Council 165/79 on February 1, 1979.

The Centre is designated as a Correctional Facility by Order of the Minister of Justice pursuant to Section 20 of *The Corrections Act.*

FUNDING

The Centre is funded by Ministry of Health. Its operating funding received in the 2010/11 fiscal year was $969,614. Actual expenditure was $955,145. Cost per client per day was $108.00 which is calculated by taking the actual expenditure and dividing by total days of care.

STAFFING

The Saskatchewan Impaired Driver Treatment Centre has a staff complement of 11 full-time, 5 permanent part-time, and 7 casual positions.

It operates with a Director, a Manager: Administration & Operations, 4 full-time Addiction Counsellors, including a Clinical Supervisor, and a casual Counsellor, 3 full-time Attendants, 3 part-time and 7 casual Attendants, 1 full-time and 1 part-time cook position, 1 full-time and 1 part-time janitorial worker position.

The Director of the Centre reports to the Board of Governors of the Saskatchewan Impaired Driver Treatment Centre.

VISION

To provide a professional and effective response to the community by contributing to public safety and healthy attitudes toward substance use.

PROGRAM OBJECTIVES

1. To provide a caring, healthy, supportive environment where the change process is initiated and/or continued.

2. To provide effective, research-based, skills-based intervention that is shown to reduce risk to drink and drive.

3. To assist in increasing motivation to change substance abuse behaviour.
4. To facilitate change through group process using guided learning methods as well as adult learning principles.

5. To maintain positive public relations and coordination with other agencies.

6. To provide educational and therapeutic information and materials for clients.

PROGRAM

During the 2010/11 fiscal year, 8,950 days of care were provided to 430 clients which is a decrease of 10 clients from the previous year.

Probation Officers within the Ministry of Corrections, Public Safety and Policing, identify offenders who could potentially benefit from the program and make a recommendation to the Court. They assess offenders for previous drinking related charges and any history of violence or escape. They further ensure that the primary cause for incarceration is a charge under Section 253 - Impaired Driving, 253b - Driving Over .08, 254 - Refusing a breathalyser, 255 - Impaired Penalty or 263 - Disqualified Driving (as a result of impairment) of the Criminal Code.

An extended criteria clause also permits offenders to be referred to the Saskatchewan Impaired Driver Treatment Centre from other Provincial Correctional Centres. The offenders must have alcohol or other drug related charges and/or prior impaired driving convictions.

Consistent with Federal Legislation Bill C-2 indicating 30-day minimum sentences for impaired driving convictions, offenders are incarcerated for 21 days rather than the previous 14 days. The program enhancements were completed using the 2007 program review recommendations as a guide. Employees were trained and the program was implemented January 5, 2009. Sessions were added to further address emotions management, employability issues and substance use, more intensive sessions regarding impaired driving as a changeable behavior, and also how structured positive leisure activities can assist in dealing with issues surrounding substance use.

Clients continue to complete a screening process upon admittance indicating severity of substance use problems. During the three week residential program clients are provided education related to positive choices with a specific focus on skill development to make and maintain changes. Extensive reference is made to the relationship between drinking and driving, with three days specifically emphasizing driving without impairment. In addition, this type of problematic substance use is woven through the entire program along with the focus on other types of drug use problems.

The entire program is reviewed regularly to maintain currency with new information and techniques. The program review completed in 2007 indicated consistency with best practice and evidence-based treatment. As well, the enhanced three week program maintains consistency with current best practice documents. Upon completion of the residential portion of the Impaired Driver Treatment Program, clients are discharged to participate in a six month follow-up program supervised by staff from Alcohol and Drug Services or Probation Services.

Ongoing Challenges of the Expanded Program (2009)

The centre continues to experience challenges with the expanded program, from 14 days to 21 days, effective January 2009. Beds are available only three months in advance which is becoming more of a challenge for the courts. This backlog has worsened gradually since January 2009.

We are currently working with Probation and Justice, in attempts to find realistic ways to lessen the wait time. The majority of clients continue to come from the courts with fewer beds available for Corrections, and these beds are usually only scheduled on a standby basis.

Another issue with the timeline which results in a delay in treatment is how this may affect program responsivity and impact. Ideally, assistance would come as soon as possible after the offense. Meetings and discussions are ongoing regarding possible solutions to the wait time. Despite the wait list, the centre continues to meet the program needs of sentenced impaired drivers.

The impact of the expanded program for the centre itself is an increase in operating costs associated with what has become normal capacity - almost 98%.

The Profile of Clients

The following graphs highlight a number of specific issues surrounding the program and the profile of clients who participate in the three weeks at the centre. The first table highlights the number of admissions from 1989/90 through the 2010/2011 fiscal year. This past year has shown a decrease of 10 admissions compared to the previous year. Over the past three years there has been an increase in capacity from 70% to 98%. Since the three week program began in January 2009, a significant increase in capacity has been steady due to fewer intakes allotted per week, but staying one week longer.

During the 2010/11 fiscal year, 8950 days of care were provided to 430 clients which is a decrease of 10 clients from the previous year but an increase of 163 days of care. The increase in days of care is due to fewer clients being discharged early, as involuntary transfers to other correctional facilities and fewer Authorized Absences and UALs.

The first graph shows an overall general reduction over the past ten years with the exception of the 2006/07 fiscal year. The 18% increase that year, could be explained by the exposure of the program via presentations to referral agents throughout the province with provincial judges, probation officers, and correctional facilities. The significant reduction since the past year is due to the three week program and as mentioned previously, the challenging logistics of the changes.

The second graph shows the difference between court and correctional centre admissions. The larger portion of admissions from the court is influenced by the reduced number of allowable intakes per week with the three week program. The majority of clients admitted from correctional facilities are also serving sentences for impaired driving but with a longer sentence than three weeks. They are usually transferred for the last three weeks of their sentence. These clients were sentenced through the courts with a recommendation to participate in the Impaired Driver Treatment Program. There are fewer offenders transferred from the provincial Correctional Centres under the expanded criteria. On the rare occasion, a bed becomes available for clients without impaired driving charges.

The third graph is self explanatory, indicating the conditions upon release from the Centre.

Of significant mention in the fourth graph is the disproportionately high number of admissions of Aboriginal clients and the need to provide relevant programs for clients with diverse backgrounds. Aboriginal people made up 63% or the centre population in the 2010/2011 fiscal year. We continue to welcome the support of Elders on weekends that provide regular opportunities for cultural support on site. Working closely with outside agencies continues to allow the Centre to provide necessary program enhancements in this area over the past year.

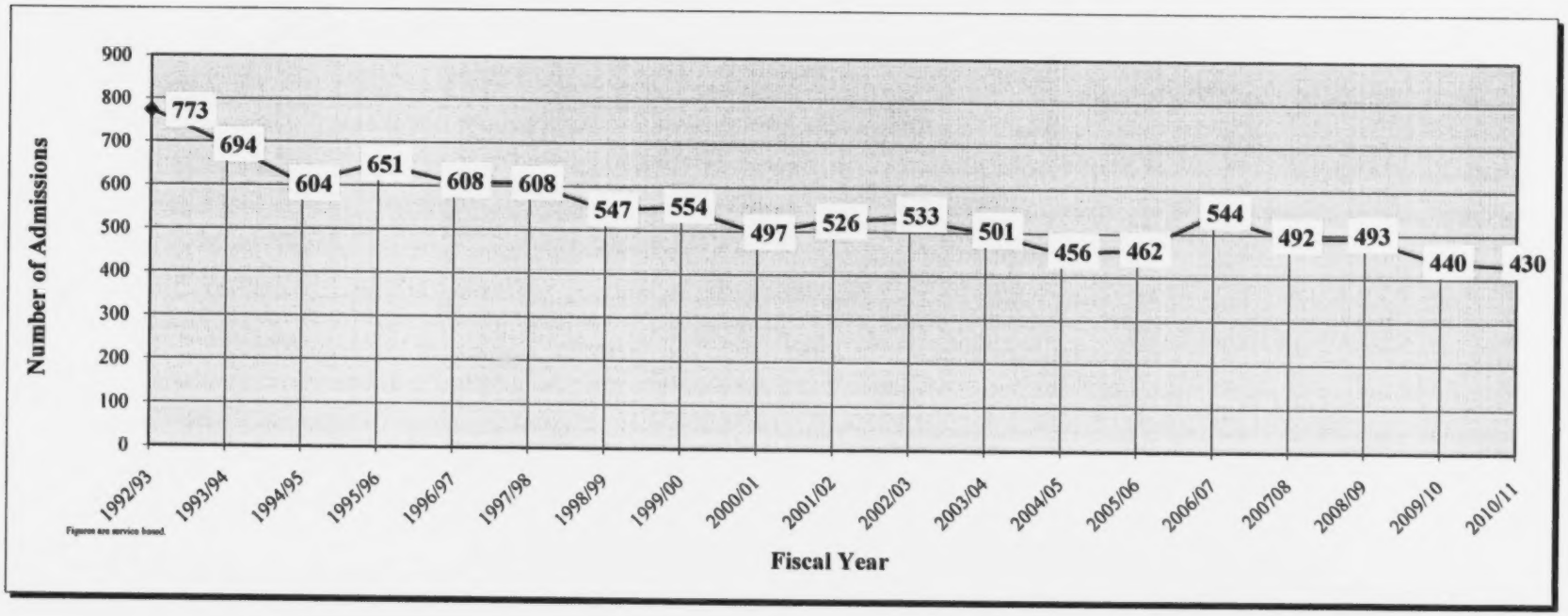
The last graph indicates another area that influences ongoing program review in the area of education and comprehension levels. The 2008/2009 year underwent extensive program review with the development and implementation of the three week program. One of the enhancements, based on recommendations in the program review and the Employment Status as evident in the graph is a session focussing on employment readiness. As indicated in the graph, the percentage of employed clients is 46%, similar to the previous year.

Program responsivity continues to be emphasized throughout the three weeks, paying special attention to program content and language in the lesson plans. If comprehension is low, more

time is also spent with the counsellor via one-to-one counselling sessions. The final graph shows 68% have finished high school and 20% post-secondary education. The development of the enhanced three week program also provides an increase of valuable time for one-to-one sessions with each of the clients, including program comprehension challenges.

Overall the graphs allow us to have a concise profile of the clients which enables and influences ongoing program development to better meet the needs of every client that the Centre provides a service to.

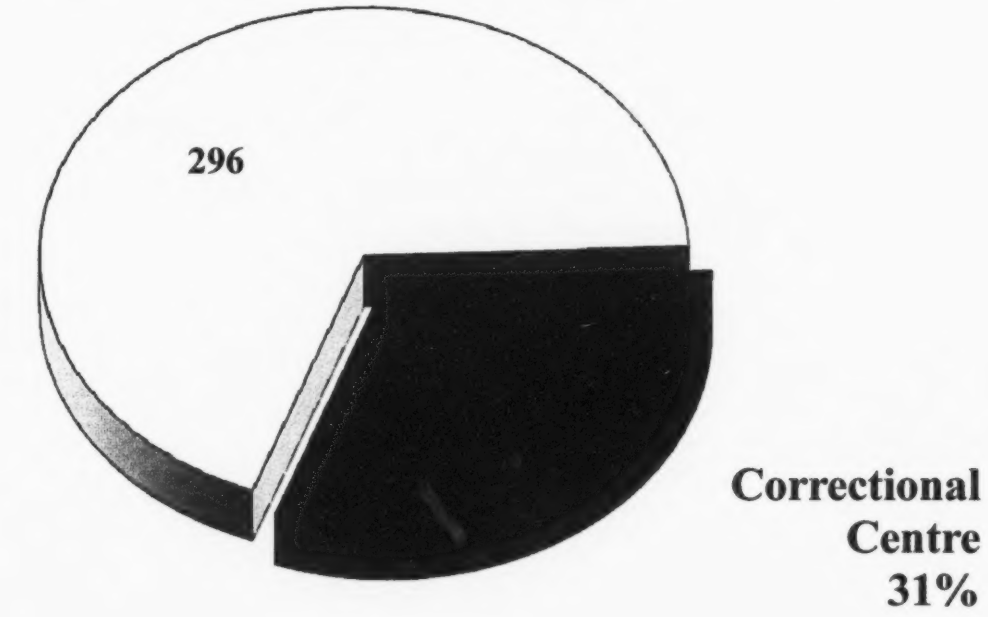
eHealth Saskatchewan
Alcohol and Drug Services
Total Number of Admissions to the Saskatchewan Impaired Driver Treatment Centre
1992/93 through 2010/11



Information Services/dh
eHealth Saskatchewan

Admissions
7/8/2011

eHealth Saskatchewan
Alcohol and Drug Services
Clients Referred to the Saskatchewan Impaired Driver Treatment Centre

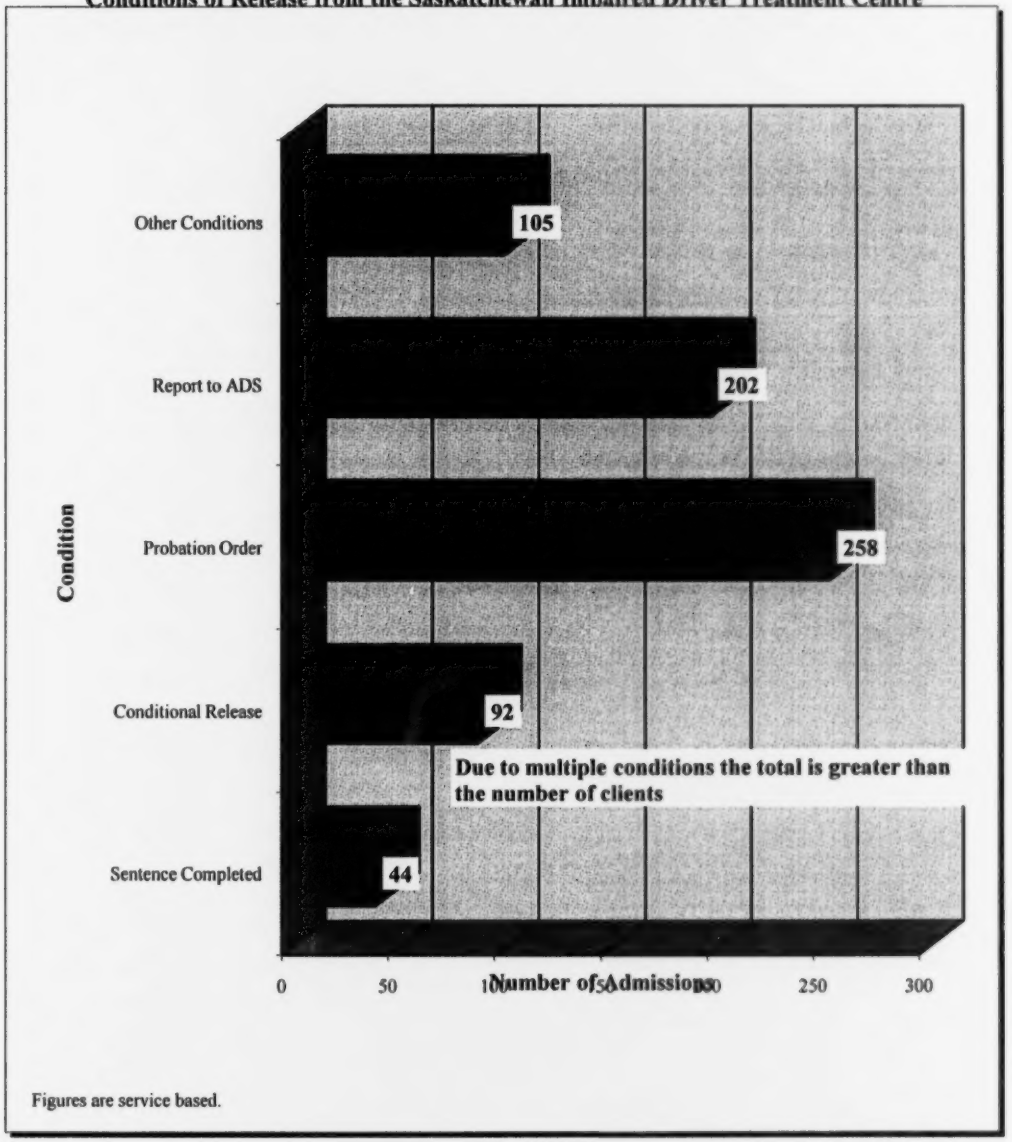


Figures are services based.

Information Services/dh
eHealth Saskatchewan

7/8/2011
Court Correction

eHealth Saskatchewan
Alcohol and Drug Services
Conditions of Release from the Saskatchewan Impaired Driver Treatment Centre

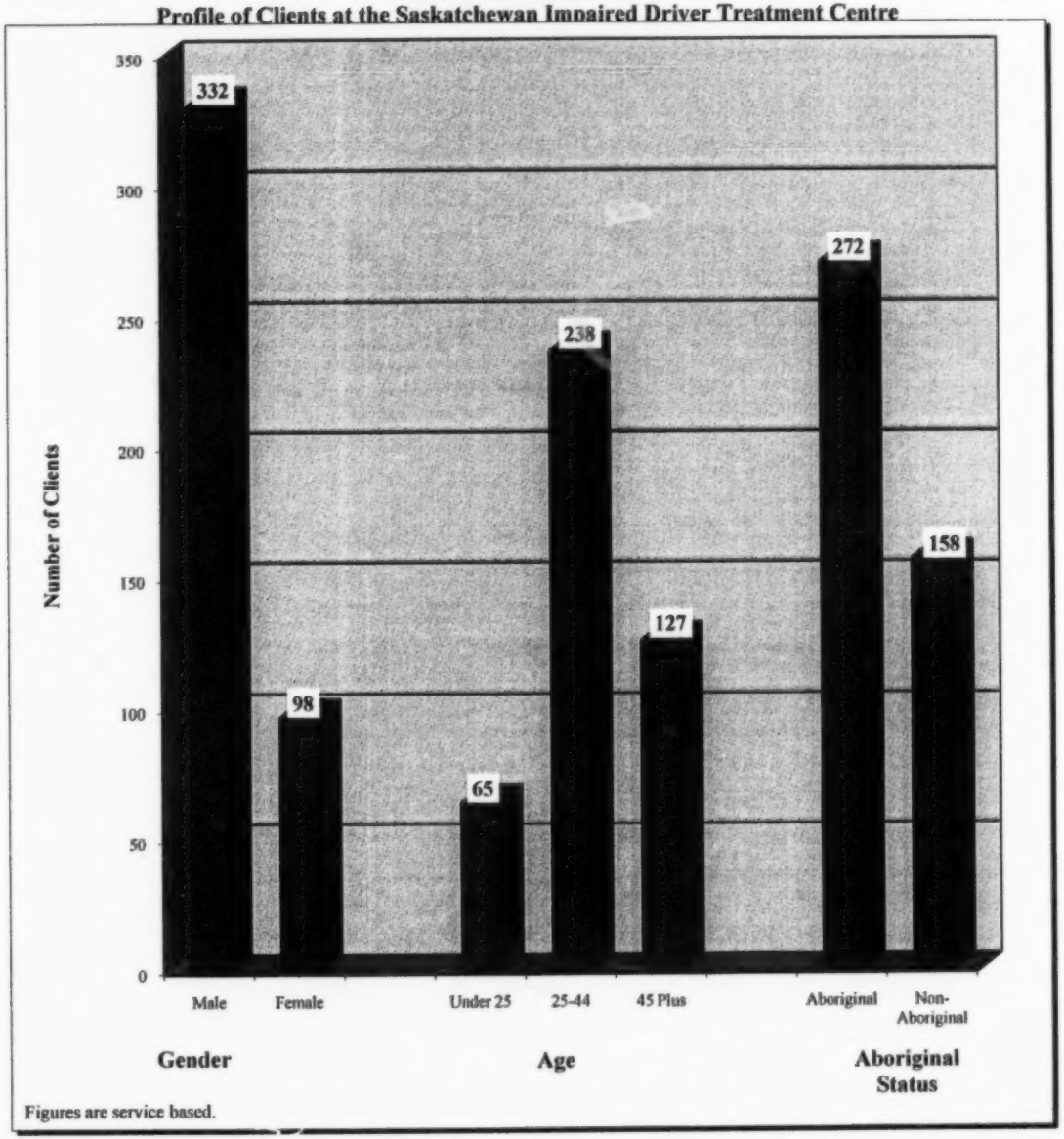


Figures are service based.

eHealth Saskatchewan

Alcohol and Drug Services

Profile of Clients at the Saskatchewan Impaired Driver Treatment Centre



Figures are service based.

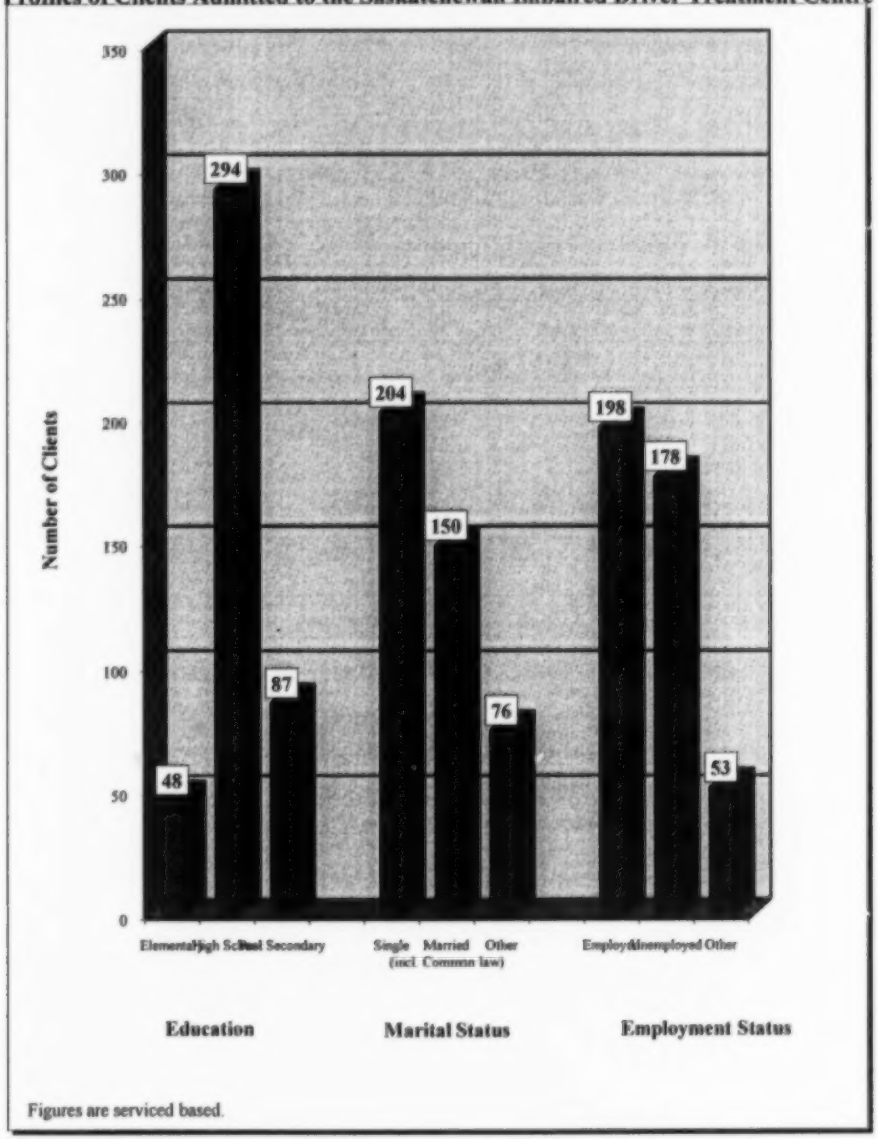
Information Services/dh
eHealth Saskatchewan

7/8/2011
sex age ethn

eHealth Saskatchewan

Alcohol and Drug Services

Profiles of Clients Admitted to the Saskatchewan Impaired Driver Treatment Centre



Figures are serviced based.

Information Services/dh
eHealth Saskatchewan

7/8/2011
edu marriage employ

Provincial Auditor Saskatchewan

1500 Chateau Tower
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Regina, Saskatchewan
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SASKATCHEWAN

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July 8, 2011

The Honourable D. McMorris
Minister of Health
Room 302, Legislative Building
REGINA, Saskatchewan
S4S 0B3

Dear Sir:

Re: Saskatchewan Impaired Driver Treatment Centre - Financial Statements

We enclose the financial statements of the Saskatchewan Impaired Driver Treatment Centre for the year ended March 31, 2011 and our report on these financial statements.

Yours truly,

Bonnie Lysyk, MBA, CA
Provincial Auditor

/kes
Enclosure

cc: The Honourable K. Krawetz, Chair, Treasury Board
Ms K. Layng, Secretary, Treasury Board
Mr. T. Paton, Provincial Comptroller, Ministry of Finance (Emailed)
Mr. F. Regel, Chair, Board of Governors, Saskatchewan Impaired Driver Treatment Centre
Ms M. Ketzmerick, Director, Saskatchewan Impaired Driver Treatment Centre
Mr. G. Herbert, Director, Financial Compliance and Internal Audit, Financial Services Branch, Ministry of Health

SASKATCHEWAN IMPAIRED DRIVER TREATMENT CENTRE

FINANCIAL STATEMENTS

For the Year Ended March 31, 2011

Provincial Auditor Saskatchewan

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1920 Broad Street
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S4P 3V2

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SASKATCHEWAN

INDEPENDENT AUDITOR'S REPORT

To: The Members of the Legislative Assembly of Saskatchewan

I have audited the accompanying financial statements of the Saskatchewan Impaired Driver Treatment Centre, which comprise the statement of financial position as at March 31, 2011, and the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for Treasury Board's approval, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements present fairly, in all material respects, the financial position of Saskatchewan Impaired Driver Treatment Centre as at March 31, 2011, and the results of its operations, changes in its net assets, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Regina, Saskatchewan
July 8, 2011

Bonnie Lysyk, MBA, CA
Provincial Auditor

SASKATCHEWAN IMPAIRED DRIVER TREATMENT CENTRE
STATEMENT OF FINANCIAL POSITION
As at March 31

	2011	2010
ASSETS		
Current assets		
Cash	$ 33,982	$ 12,941
Accounts receivable	1,458	2,497
Prepaid expenses	8,690	8,348
Total current assets	44,130	23,786
Non-current assets		
Capital assets (Note 4)	69,042	84,586
Total non-current assets	69,042	84,586
Total assets	$ 113,172	$ 108,372
LIABILITIES AND NET ASSETS		
Current liabilities		
Accounts payable and accrued charges	$ 6,079	$ 6,517
Total current liabilities	6,079	6,517
Net assets		
Net assets invested in capital assets	69,041	84,585
Externally restricted net assets (Note 2 (d))	38,052	17,270
Unrestricted net assets	---	---
Total net assets (Statement 3)	107,093	101,855
Total liabilities and net assets	$ 113,172	$ 108,372

(See accompanying notes to the financial statements)

SASKATCHEWAN IMPAIRED DRIVER TREATMENT CENTRE
STATEMENT OF OPERATIONS
For the Year Ended March 31

	2011		2010
	Budget (Note 8)	Actual	Actual
Revenue			
Ministry of Health - General Revenue Fund	$ 969,614	$ 969,614	$ 960,013
Miscellaneous	6,000	5,374	6,812
	975,614	974,988	966,825
Expenses			
Salaries and employee benefits	740,500	741,210	760,465
Food	72,500	71,234	70,009
Utilities	30,800	28,362	27,368
Rent	41,958	41,958	41,958
Maintenance	13,000	12,924	11,556
Contractual services	14,000	12,804	12,693
Miscellaneous	5,200	4,839	3,970
Property taxes	12,000	11,706	11,327
Printing, postage and office supplies	10,281	7,355	4,515
Insurance	5,375	5,375	5,129
Furniture and equipment rental	---	2,509	5,815
Staff training and travel	16,500	9,529	7,948
Board honoraria and expenses	5,500	1,158	1,996
Vehicle expenses	3,000	2,730	2,945
Professional services	5,000	513	---
	975,614	954,206	967,694
Excess (deficiency) of revenue over expenses	---	20,782	(869)
Amortization of property, plant and equipment	13,336	15,544	16,315
Excess (deficiency) of revenue over expenses	$ (13,336)	$ 5,238	$ (17,184)

(See accompanying notes to the financial statements)

SASKATCHEWAN IMPAIRED DRIVER TREATMENT CENTRE
STATEMENT OF CHANGES IN NET ASSETS
For the Year Ended March 31

	2011			2010
	Invested in Capital Assets	Externally Restricted Net Assets (Note 2(d))	Total	Total
Balance, beginning of year	$ 84,585	$ 17,270	$101,855	$119,039
(Deficiency) excess of revenue over expense	(15,544)	20,782	5,238	(17,184)
Investment in Capital Assets	---	---	---	---
Balance, end of year	$ 69,041	$ 38,052	$107,093	$ 101,855

(See accompanying notes to the financial statements)

SASKATCHEWAN IMPAIRED DRIVER TREATMENT CENTRE
STATEMENT OF CASH FLOWS
For the Year Ended March 31

	2011	2010
Cash from (used in) operating activities		
Cash received from Ministry of Health – General Revenue Fund	$ 969,614	$ 960,013
Cash received from other operating activities	6,413	6,736
Cash paid to suppliers and employees	(954,986)	(982,858)
Net cash from (used in) operating activities	21,041	(16,109)
Cash used in financing and investing activities		
Acquisition of capital assets	---	(25,177)
Net cash used in financing and investing activities	---	(25,177)
Net increase (decrease) in cash	21,041	(41,286)
Cash, beginning of year	12,941	54,227
Cash, end of year (Statement 1)	$ 33,982	$ 12,941

(See accompanying notes to the financial statements)

SASKATCHEWAN IMPAIRED DRIVER TREATMENT CENTRE
NOTES TO THE FINANCIAL STATEMENTS
March 31, 2011

1. Authority

Pursuant to section 85 of *The Public Health Act*, a board of governors was established on February 1, 1979 to operate an alcoholism rehabilitation hospital to be known as the Saskatchewan Impaired Driver Treatment Centre (Centre). The Centre commenced operations on October 1, 1979. The current board was appointed by Order in Council #707/2010 dated December 9, 2010.

2. Significant accounting policies

Pursuant to standards established by the Public Sector Accounting Board, the Centre is classified as a Government not-for-profit organization and follows the deferral method of accounting for not-for-profit organizations. These financial statements have been prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies:

a) Use of estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amount of revenue and expenses during the reporting period. Actual results could differ from these estimates.

b) Capital assets

Capital assets include property, plant and equipment and are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets are amortized on a straight-line basis over their estimated useful lives (3 to 20 years). Assets costing less than $600 are expensed in the current year.

c) Revenue

Revenue includes contributions from the Ministry of Health – General Revenue Fund. Amounts are included in revenue in the year in which they are received or receivable.

d) Externally restricted net assets

Externally restricted net assets reflect accumulated unspent revenue restricted for future initiatives approved by the Ministry of Health.

3. Commitments

Operating lease

The Centre has signed an agreement for the lease of the Centre's treatment facility for an annual cost of $70,000 plus applicable taxes. The agreement is effective April 1, 2011 and expires October 31, 2015.

4. Capital assets

	2011			2010
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Furniture & equipment	$ 93,004	$ 57,073	$ 35,931	$ 43,629
Leasehold improvements	60,835	27,724	33,111	40,957
	$ 153,839	$ 84,797	$ 69,042	$ 84,586

5. Financial instruments

Financial instruments consist of:

Cash
Accounts receivable
Accounts payable

- There are no significant terms and conditions associated with the financial instruments that may affect the amount, timing and certainty of future cash flows. The Centre's receivables and payables are non-interest bearing therefore interest rate risk is minimal.
- The Centre is exposed to minimal credit risk as most of the Centre's receivables are from provincial and federal governments.

Cash is classified as held-for-trading. Accounts receivable are classified as loans and receivables. Accounts payable and accrued charges are classified as other liabilities. The carrying value approximates fair value due to the short-term nature of these instruments.

6. Related party transactions

Included in these financial statements are payment transactions with various Saskatchewan Crown corporations, ministries, agencies, boards and commissions related to the Centre by virtue of common control by the Government of Saskatchewan and non-Crown corporations and enterprises subject to joint control and significant influence by the Government of Saskatchewan (collectively referred to as "related parties").

In addition, the Centre pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

The Centre's related party transactions are in the normal course of operations. These transactions are recorded at exchange amounts agreed to by the related parties. Related party revenue, expenses, accounts receivable and accounts payable for the year ended March 31, 2011 are as follows:

	2011	2010
Revenue		
Ministry of Health	$ 969,614	$ 960,013
	969,614	960,013
Expenses		
SaskTel	$ 6,330	$ 4,147
SaskPower	12,581	12,694
SaskEnergy	7,806	6,421
SGI	1,131	871
Workers' Compensation Board	6,180	6,746
Public Employees Pension Plan	30,525	31,108
Public Employees Disability Income Plan	5,364	6,251
Public Employees Group Life	4,235	4,036
Public Employees Dental Plan	7,554	8,120
	82,706	80,394
Accounts Receivable		
SaskTel	$ ---	$ 353
	---	353
Accounts Payable		
SaskTel	$ 729	$ 21
SaskPower	253	389
SaskEnergy	923	413
	1,905	823

7. Pension plan

The Centre participates in the Public Employees Pension Plan (Plan) which is a defined contribution plan. The Centre's financial obligation to the Plan is limited to making regular payments for the required contribution. The Centre's pension expense for 2011 amounts to $30,525 (2010 - $31,108) and is included in salaries and employee benefits.

8. Budget

These amounts represent the budget approved by the Centre's Board of Governors.

9. Accounting policy changes

In September 2010, the Public Sector Accounting Board approved an amendment to the introduction to the Public Sector Accounting Handbook. Effective for fiscal years beginning on or after January 1, 2012, government not-for-profit organizations are directed to use either the public sector accounting standards or public sector accounting standards for government not-for-profit organizations. The Centre is currently assessing the appropriateness and potential impact of the change in accounting standards on its financial statements for the year ending March 31, 2012.

REPORT OF MANAGEMENT

Management is responsible for the integrity of the financial information reported by the Saskatchewan Impaired Driver Treatment Centre. Fulfilling this responsibility requires the preparation and presentation of financial statements and other financial information in accordance with the Canadian Generally Accepted Accounting Principles, which are consistently applied, with any exceptions specifically described in the financial statements.

The accounting systems used by the Centre include an appropriate system of internal controls to provide reasonable assurance that:

- Transactions are authorized;
- The Saskatchewan Impaired Driver Treatment Centre's assets are protected from loss and unauthorized use; and
- The accounts are properly kept and financial reports are properly monitored to ensure reliable information is provided for preparation of financial statements and other financial information.

Management of the Saskatchewan Impaired Driver Treatment Centre is responsible for financial reporting and internal control. The Board of Governors has also reviewed the financial statements with representatives of management.

The Provincial Auditor Saskatchewan has audited the Saskatchewan Impaired Driver Treatment Centre's statement of financial position as at March 31, 2011 and the related statements of operations, cash flows and changes in net assets for the year then ended. Their responsibility is to express an opinion on the fairness of management's financial statements. The Auditor's report outlines the scope of their audit and their opinion.

Frank Regel
Chairperson of the
Saskatchewan Impaired Driver
Treatment Centre

Michele Ketzmerick
Director
Saskatchewan Impaired Driver
Treatment Centre

Prince Albert, Saskatchewan
June 2011

Financial Statements go here.